



DEFENSE CENTERS OF EXCELLENCE
For Psychological Health & Traumatic Brain Injury

Today's webinar is:

Sexual Assault and Harassment in the Military

Oct. 24, 2013, 1-2:30 p.m. (EDT)

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Webinar Details

- Live closed captioning is available through federal relay conference captioning (see the “Closed Captioning” pod)
- Webinar audio is **not** provided through Defense Connect Online
 - Dial: **888-455-0936**
 - Use participant pass code: **3938468#**
- Webinar information
 - Visit **dcoe.mil/webinars**
- Question-and-answer session
 - Submit questions via the Defense Connect Online question box

Continuing Education Details

Continuing education credit is not available for this event.

Sexual Assault and Harassment in the Military

The media is saturated with stories about military sexual assault. The goal of this webinar is to provide health care providers supporting military and veteran populations with a broad overview of the prevalence, characteristics and consequences of military sexual trauma, which includes both sexual assault and sexual harassment. The webinar will address common rape myths and will include recommendations and resources for supporting victims of military sexual violence.

Webinar participants will learn to:

- Identify and dispel common myths about sexual assault and harassment
- Describe common effects of military sexual trauma on those who experience it
- Discuss ways to support victims of military sexual assault and harassment

Presenter: Dr. Cynthia J. Thomsen

- Research has examined a broad range of topics affecting military personnel, including operational stressors, mental health, traumatic brain injury, substance abuse, self-destructive and suicidal behavior; one of her focal long-term interests has been interpersonal violence.
- Worked for past 15 years with survey and archival data to examine sexual assault and harassment, domestic violence, and child abuse in active duty military populations.
- Research has focused on victimization and perpetration risk factors and effects of sexual and family violence on victims.
- Joined the Sexual Assault Prevention and Response (SAPR) team at NHRC, where she is a trained SAPR victim advocate. Currently serves as a SAPR command liaison, point of contact, and data collection coordinator.
- Author of more than 75 articles, chapters, and technical reports.



Dr. Cynthia J. Thomsen

Sexual Assault and Harassment in the Military

CYNTHIA THOMSEN, PH.D.
NAVAL HEALTH RESEARCH CENTER
24 OCTOBER 2013

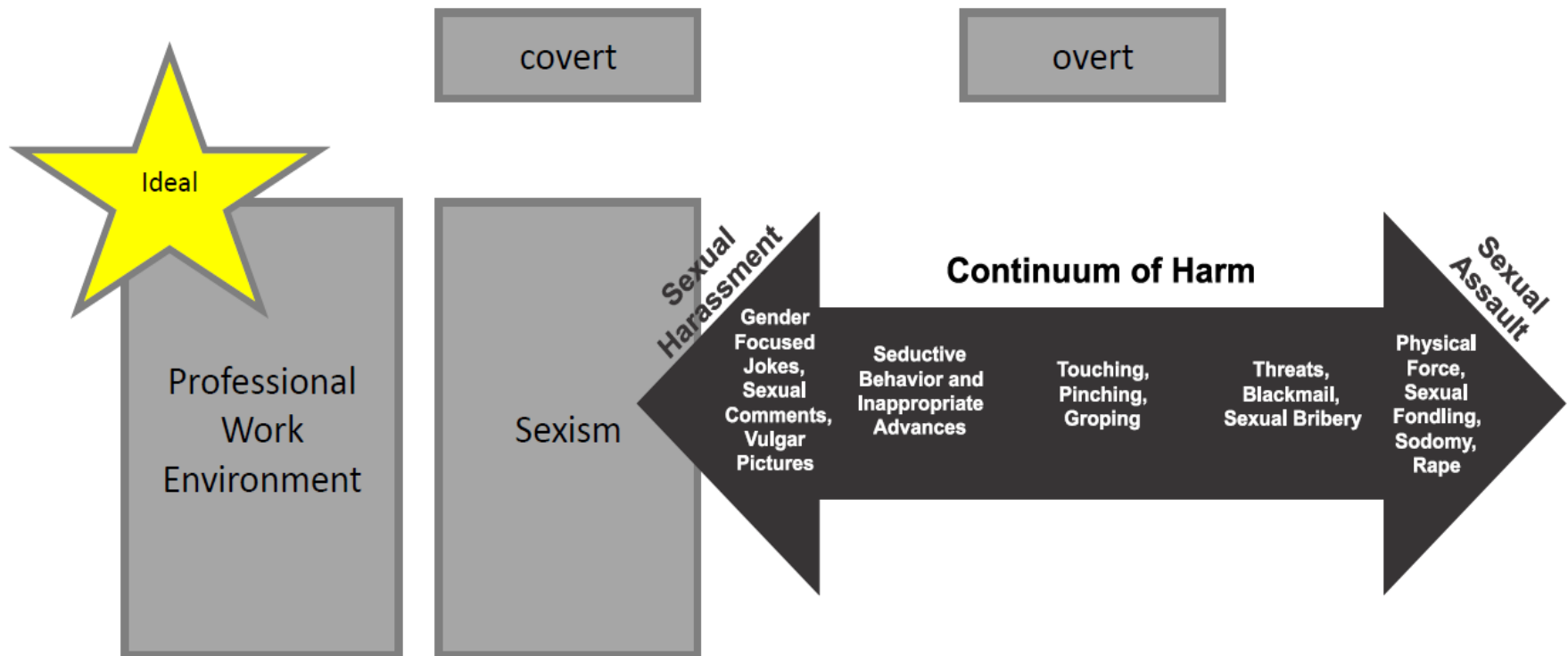
Overview

- Definitions
- Rape myths
- Prevalence of Military Sexual Assault (MSA) and Military Sexual Harassment (MSH)
- Effects on victims
- Reducing MSA and MSH
- Helping victims of MSA and MSH
- Resources

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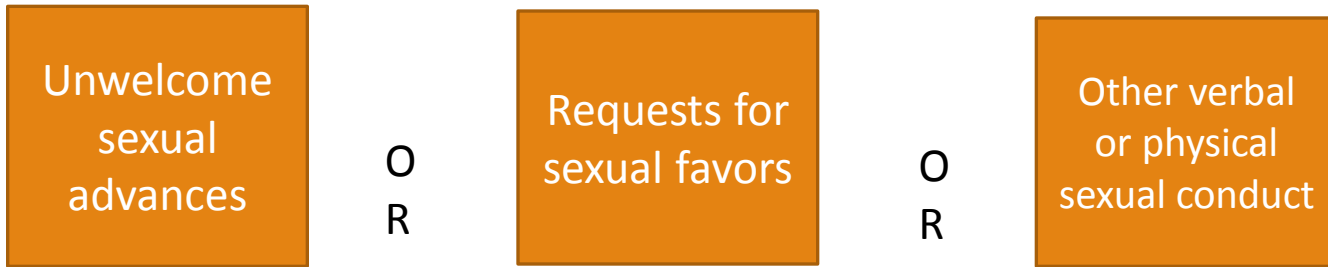
Any opinions expressed are those of the speaker and do not necessarily reflect the official policy or position of the Department of the Navy, Department of Defense(DoD), or the U.S. government.

The Continuum of Harm



Definitions

Sexual Harassment



- Where complying is
 - explicitly or implicitly a term or condition of a person's job, pay, career
 - used as a basis for career or employment decisions affecting that person
- Or where the conduct
 - unreasonably interferes with an individual's work performance or
 - creates an intimidating, hostile, or offensive working environment

Source: Department of Defense, 1995

Polling Question 1

What percentage of reported sexual assaults are false reports?

- A. None
- B. Less than 10%
- C. About 1 in 5
- D. About half
- E. More than half

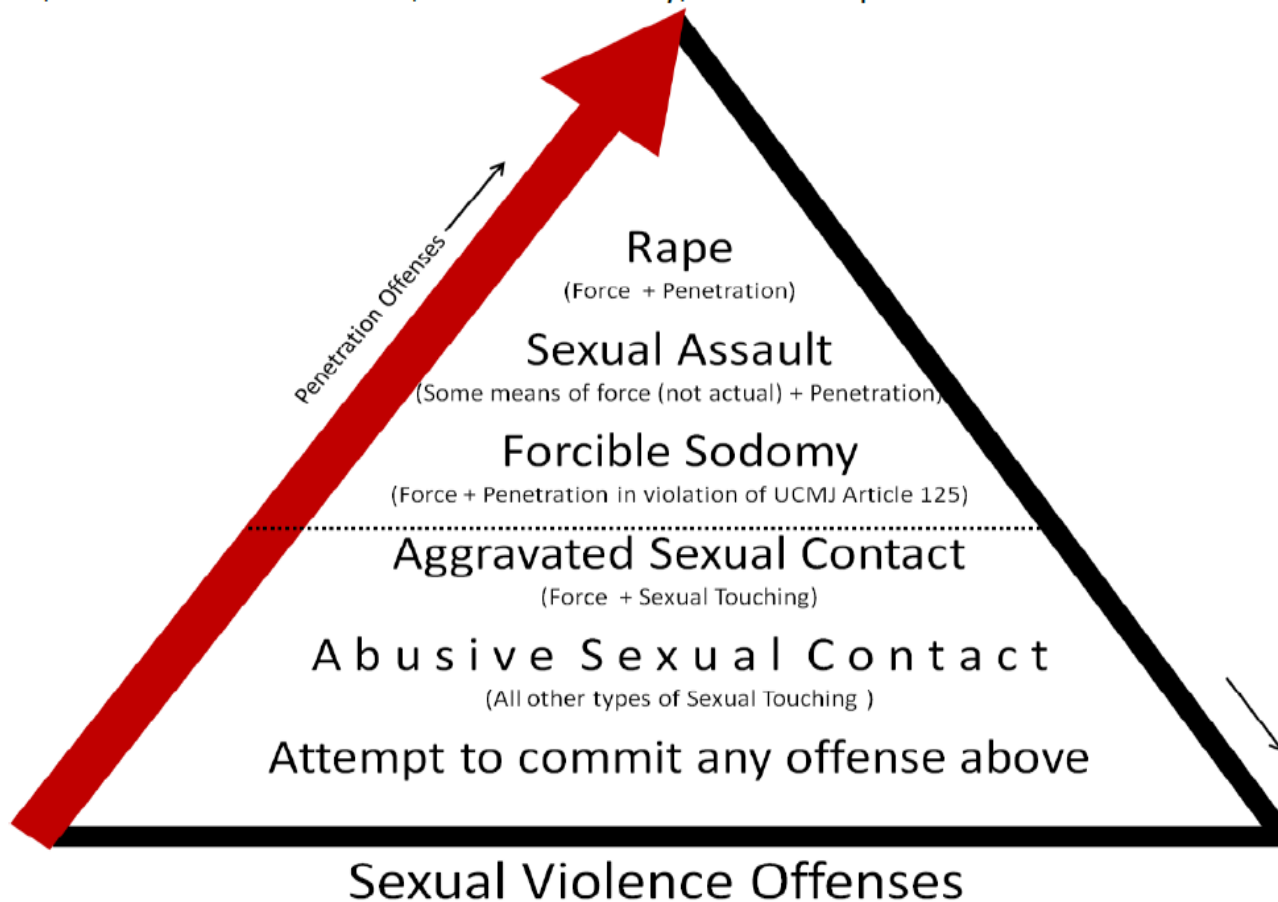
Types of Sexual Harassment

- **Sexual Coercion** – quid pro quo instances of special treatment or favoritism conditioned on sexual cooperation
- **Unwanted Sexual Attention** – unwanted attempts to establish a sexual relationship
- **Crude or Offensive Behavior** – offensive or embarrassing verbal or nonverbal behaviors of a sexual nature (based on the reasonable person standard)

Military Sexual Assault Is...

- Intentional sexual contact
- Characterized by the use of force, threats, intimidation **or** abuse of authority **or**
- When the victim does not/cannot consent

DoD MSA Offenses



Rape Myths

Common Myths About Sexual Assault

1. Only women are victims of sexual assault, and only men are perpetrators
2. Victims and perpetrators both share some responsibility for sexual assault
3. Victims who flirt, act or dress provocatively, or are out alone late at night are “asking for it”
4. Sexual assault is about sex
5. Most sexual assaults are perpetrated by strangers
6. If a person is participating willingly in some sexual acts, they cannot then be sexually assaulted
7. If the victim and perpetrator are dating or married, or if they’ve had sex before, rape isn’t possible
8. False reports of sexual assault are common

Unique Aspects of the Military Environment

Military Culture

- Hierarchical structure/chain of command
- Generally masculine norms
- Working hours
- Frequent changes of duty station
- Operational stressors, including combat deployment
- Demographically distinct (young, male)
- Emphasis on loyalty and community

Polling Question 2

Among surveyed service members who indicated that they were sexually assaulted in the past year, what percentage do you think were men?

- A. 0 – 10%
- B. 15-25%
- C. 30-40%
- D. 45-55%
- E. 60% or more

Prevalence

Estimating Rates of MSH and MSA

- Breadth/inclusiveness of definition
- Source of information: official records versus self-report
- For official reports, restricted versus unrestricted
- For self-reports:
 - Anonymous versus identified
 - Wording

Self-reports of MSH (past year)

Type of MSH behaviors	Females	Males
Sexual coercion	8%	2%
Unwanted sexual attention	23%	5%
Crude or offensive behavior	41%	20%
Identify as victim of MSH	23%	4%

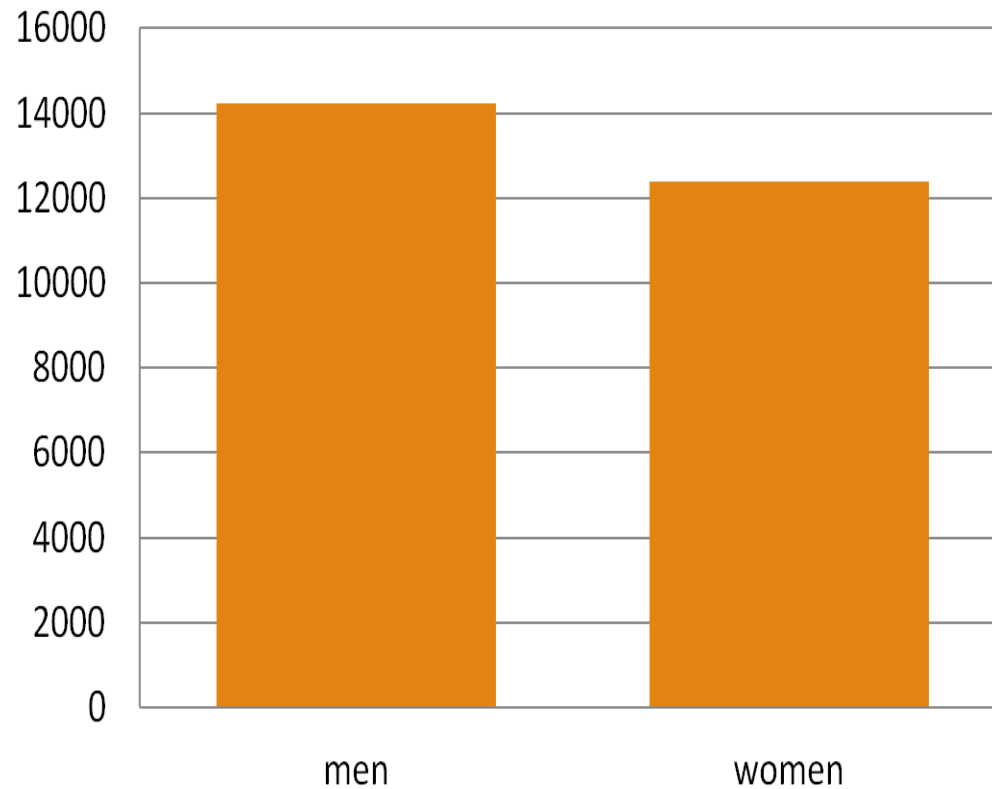
Source: DoD Workplace and Gender Relations Survey, 2012

Self-reports of MSA

	Sexual Assault	
	Females	Males
Past year	6%	1%
Ever (in military)	23%	4%

Source: DoD Workplace and Gender Relations Survey, 2012

Self-reported MSA (past year)



Source: DoD Workplace and Gender Relations Survey, 2012

Characteristics of MSA

- Who is the perpetrator?
- What tactics are used
- Where does it occur?
- When does it occur?

Official MSA Reports

- In 2012, there were 3,374 reports of sexual assault filed
 - 87% had service member victims (N = 2,949)
 - 76% were unrestricted
 - 20% were for years prior to 2012
- Which assaults are more likely to be reported?
 - More severe ones
 - Assaults by strangers vs. dates/intimate partners
 - Female victims are more likely to report

Civilian Versus Military Prevalence

- Some have suggested that rates are higher in the military
- Accurate comparisons of military vs. civilian rates are difficult
 - Must define and assess in the same way
 - Must be demographically matched
- Recent CDC report (based on 2010 National Intimate Partner and Sexual Violence Survey) concludes that rates of past year/past 3 years/lifetime contact sexual violence did not differ*
 - Women in the general population aged 18-59 (40%)
 - Active duty women (36%)
 - Wives of active duty men (33%)

*controlling for age and marital status

Effects of MST on Victims

Posttraumatic Stress Disorder (PTSD)

- In civilian samples, among nonmilitary traumas, sexual assault is the most likely to result in PTSD
- MST is a strong and consistent predictor of PTSD...
 - more than civilian sexual trauma
 - more than operational stress, including combat exposure
 - as much or more for male as for female victims

Mental Health

- MST is associated with increases in a wide range of mental health conditions including:
 - Depression
 - Alcohol & drug abuse/dependence
 - Anxiety disorders
 - Eating disorders
 - Impaired work and social adjustment
 - Problems with intimacy/sex

Physical Health

- MST is associated with increases in a wide range of physical health among veterans, including:
 - Diabetes
 - Hypertension
 - Liver disease
 - Pulmonary disease
 - Endometriosis
- Also associated with more visits to health care providers

MST Military Outcomes

- Fewer positive military experiences
- Creates unsafe working environments
- Detracts from focus on mission, reducing readiness
- May create conflict and reduce morale and cohesion within the unit
- May be associated with early attrition
- May jeopardize ability of DoD to attract good personnel

Post-military Outcomes

- Problems readjusting after discharge
- Problems finding jobs/less likely to be working
- Homelessness

MST Economic Costs: VA

- In 2012, 127,988 veterans screened positive for MST in the VA system
 - 72,497 women, 55,491 men
 - Estimated medical costs within VA per victim = \$10,880
 - Total estimated cost \$1.4 billion

MST Economic Costs: Active Duty

- No DoD estimate, but based on:
 - RAND Corporation calculations indicating that the average civilian SA in 2012 cost \$138,204
 - DoD estimates that there were 26,000 MSAs of active-duty members in 2012
 - Total cost to the US economy of MSA among active-duty members is estimated at \$3.6 billion in 2012

Reducing MSA and MSH

Approaches to Reducing MSA & MSH

VICTIM RISK REDUCTION

- Onus on the victim
- Can lead to victim blaming
- Puts focus on females as victims

COMMUNITY-BASED PREVENTION

- Focus on the perpetrator
- Change culture to detect perpetrators, challenge them, and hold them accountable

Assisting MSA Victims

What is DoD Doing to Assist Victims...?

- Making reporting easier
- Improving victim services
- Increasing accountability
- Improving investigatory/legal process

What is Veterans Affairs (VA) Doing to Assist Victims?

- Provides treatment for mental and physical health conditions related to MST
 - Free of charge
 - Service connection (VA disability compensation) is not required
 - MST need not have been reported or documented
 - No length of service or income requirements
 - Regardless of pre-military trauma or pre-existing conditions
- MST coordinators are available at every VA medical center

What Can Health Care Providers Do?

1 of 2

- Do not buy into rape myths
- Do not blame the victim
- Be aware that how you ask the question has a big impact on reporting of MSA or MSH
 - Do not ask “Have you been raped?”
 - Ask “Have you been forced to engage in sexual acts when you did not consent?”
- Be familiar with local and national resources

What Can Health Care Providers Do?

2 of 2

- Be aware that although women are more likely than men to experience MSA and MSH, there are numerically more male victims than female victims in the military.
- Recognize that MSA and MSH may affect men as much or more than they do women.
- Recognize that the impact of MSA on PTSD is similar to the impact of combat exposure.
- Recognize that MSH, like MSA, may have significant adverse effects on service members.

DoD and VA Resources

➤ DoD Safe Helpline

- Call 877-995-5247
- www.SafeHelpline.org
- Text your location to 55-247 (US) or 202-470-5546 (outside U.S.)

➤ DoD Civilian Employee Assistance Program www.foh4you.com

➤ VA

- general information hotline 800-827-1000
- www.mentalhealth.va.gov/msthome.asp

General Resources

- The Rape, Abuse, and Incest National Network (RAINN) www.rainn.org
 - Partners with over 1,100 local rape crisis centers
 - National Sexual Assault Hotline (800-656-HOPE)
 - National Sexual Assault Online Hotline:
<http://online.rainn.org>

Thank you, questions?

- Submit questions via the Defense Connect Online question box located on the screen.
- The question box is monitored and questions will be forwarded to our presenter for response.
- We will respond to as many questions as time permits.



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Psychological Health and
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Nov. 14, 2013
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